

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578961

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1				
9		1				
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	1			1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1				
22		21		1		
23		21				
24		21				
25		①		1		
26		①		1		
27		①				
28		①				
29		①				
30		①				
31		①				
32		①				
33		①				
34		①				
35		①				
36		①				
37		①		1		
38		①				
39		①				
40		①				
41		①		1		
42		①				
43		①				
44		①				
45		①				
46		①		1		
47		①				
48		①				
49						
50						
TOTAL IND.	2	↓	1	↓	0	↓
TOTAL DEP.	106	←	23	←	0	←
TOTAL CLAIMS	108		24		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	